

CKiD Sonographer Echo Worksheet

Clinical Site #: _____

Subject ID #: _____

Sonographer Initials: _____

Date of Study: _____

ASE baseline ECHO: Yes No

Is this a Repeat Echo? Yes No

Regular Study Visit:

- V2
- V6
- V10
- V14
- V18

Post RRT Study Visits:

- | <i>Post-Dialysis</i> | | | <i>Post-Transplant</i> | |
|-------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> DV1b | <input type="checkbox"/> DV6 | <input type="checkbox"/> DV11 | <input type="checkbox"/> TV2 | <input type="checkbox"/> TV10 |
| <input type="checkbox"/> DV2 | <input type="checkbox"/> DV7 | <input type="checkbox"/> DV12 | <input type="checkbox"/> TV4 | <input type="checkbox"/> TV12 |
| <input type="checkbox"/> DV3 | <input type="checkbox"/> DV8 | <input type="checkbox"/> DV13 | <input type="checkbox"/> TV6 | <input type="checkbox"/> TV14 |
| <input type="checkbox"/> DV4 | <input type="checkbox"/> DV9 | <input type="checkbox"/> DV14 | <input type="checkbox"/> TV8 | <input type="checkbox"/> TV16 |
| <input type="checkbox"/> DV5 | <input type="checkbox"/> DV10 | <input type="checkbox"/> DV15 | | |

Irregular Visit _____

ASE Baseline Echo:
If this is the first CKiD echo visit for the participant, then check "yes" and indicate the appropriate visit number. (A complete ASE guideline baseline ECHO and the 12 CKiD images must be sent.)

Sonographer Checklist

Check When Echo Study Completed:

1. _____ All of the above worksheet data filled in.
2. _____ Subject ID and site number entered correctly on CD (no patient name is to be listed on CD or worksheet)
3. _____ Complete Echo performed to exclude the presence of congenital heart disease (**ONLY for 1st Echo**).
4. _____ Echocardiographic CKiD study complete. (10 cardiac cycles per image, sweep speed 100mm/sec)
 - a) _____ Parasternal Long-Axis Image (**Image #1**)
 - b) _____ PLAX 2D-guided M-Mode of LV (**Image #2**)
 - c) _____ PLAX 2D-guided M-Mode of LA and Aorta (**Image #3**)
 - d) _____ 2D-parasternal short-axis image (papillary muscle level) (**Image #4**)
 - e) _____ 2D Apical 4-chamber image (**Image #5**)
 - f) _____ 2D Apical 2-chamber image (**Image #6**)
 - g) _____ Mitral Inflow Pulse Wave Doppler (**Image #7**)
 - h) _____ Pulse Wave Tissue Doppler Imaging
 - 1) _____ Medial mitral annulus (**Image #8**)
 - 2) _____ Lateral mitral annulus (**Image #9**)
 - i) _____ Suprasternal notch (high parasternal) short axis image of the aorta (**Image #10**)
 - j) _____ Suprasternal notch (high parasternal) short axis image of the aorta – ZOOMED (**Image #11**)
 - k) _____ Suprasternal notch (high parasternal) short axis image of the aorta-2D guided M-Mode of Zoomed image (**Image #12**)
5. _____ "Alert" protocol followed (if applicable). "Alert" Finding (specify): _____
6. _____ CD stored. CD labeled with clinical site, patient ID and study date.

Instructions for CKiD Sonographer:

Scan this form. Keep the original form for CKiD records. Upload this form, the Sonographer Self-Critique form and images to the CICRL via AMBRA.

Sites are encouraged to upload the files via AMBRA. However, if a site is not set-up to use AMBRA, copies of the CD and forms can be mailed to:

CCHMC
Attn: Lauren Longshore Brown
Cardiology Dept., ML 2003
3333 Burnet Ave.
Cincinnati, OH 45229

Contact your CCC for a FedEx slip (if needed) and it will be emailed to you.

For technical questions, contact Lauren Longshore Brown at Lauren.Longshore@cchmc.org or by phone at 513-803-5517.